

Provider Inspection Summary
For the period 04/01/2003 to 03/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: REBOS CHRIS FARLEY HOUSE (110151)

Address: 810 W OLIN AVE, MADISON, WI 53715

License Status: REGULAR

Licensed/Certified/Registered 03/31/1990

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0093762 **End Date:** 11/23/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008077 Served 12/14/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS		
83.14(7)(b)	CONTINUING EDUCATION		
83.41(10)(b)	MECHANICALS IN GOOD REPAIR		
83.41(4)(b)2	GAS FURNACE SERVICED EVERY 3 YEARS		
83.41(5)(d)2	HOT WATER TEMPERATURES		
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS		
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 12/13/2004 SOD #10008077 Appealed: No

Sanctions

FORFEITURE---83.14(7)(d)
FORFEITURE---83.41(10)(b)
FORFEITURE---83.41(4)(b)2
FORFEITURE---83.41(5)(d)2
FORFEITURE---83.42(2)(a)
FORFEITURE---83.43(3)(a)

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